

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
**936994**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7	1		1			
8		1		1		
9		2		1		
10		3		1		
11		4		1		
12		5		1		
13	1		1			
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TOTAL IND.		4		4		4
TOTAL DEP.		14		14		14
TOTAL CLAIMS		18		18		18

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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